Dept of Health-HCF

DEPARTMENT OF HEALTH AND HUMAN SERVICES

2014-03-04 15:17

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	02/27/2014
FORM.	APPROVED
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AND PLAN	OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI TI	PLE CONSTRUCTION		M APPRO D. 0938-0
to rody	OF OWNECTION	IDENTIFICATION NUMBER:	A BUILDIN	6	(X3) DA	ITE SURVEY
NAME OF	PROVIDER OR SUPPLIER	445422	B. WING			
				STREET ADDRESS, CITY, STATE, ZIP CODE		2/26/2014
	H HEALTH CARE CEN		1	409 GRADY ROAD, PO BOX 957 ETOWAH, TN 37331		
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F 000	INITIAL COMMENT	's	F 000		·	
F 241 SS=E	February 24, 2014, to Etowah Health Care cited in relation to the	ecertification survey and ion #33229 conducted on through February 26, 2014, at Center, no deficiencies were a complaint under 42 CFR irements for Long Term Care.	F 241			
1	more and man su en	mote care for residents in a vironment that maintains or ent's dignity and respect in or her individuality.		ts have the potential to be affected		
1	Based on observation Based on observation ailed to provide dignition esidents observed du the main dining room The findings included:	m,	staff regard individualit residents w clothing pro responsible as unable to	r designee will in-service the nursing dignity and respect of resident y and the expectation that all rill be asked their preference of a ptector or cloth napkin. The party of those residents identified indicate their preference will be	I	
p o re pl a: a: re	.m., Certified Nurse A bserved placing cloth esidents without askin lacing. A visitor was a ssisting the residents ad did ask each one tesidents.	Aide (CNA) #1 was ing protectors on eight ag permission before also in the dining room with clothing protectors before putting them on the	and care pla observe the assure that preference, four weeks o achieved as	nd their preference will be obtained inned. The Nurse Supervisor will dining room daily at each meal to the residents are being asked their Audits will be completed weekly for until substantial compliance is determined by the Quality		4/11/14
! ₽€	spruary 24, 2014, at 1	stor of Nursing (DON) on 12:05 p.m., in the dining NA was to ask the resident	Assurance C	ommittee.	}	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that officers provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days officiently in the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 tays tollowing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

2014-03	3-04 15:18 De	ot of Health-HCF AND HUMAN SERVICES	8	3655945739 >>	P 5/16
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			PRINTED: 02/27/2014 FORM APPROVED
ISTATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED
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NAME OF	PROVIDER OR SUPPLIER	415422	B. WING_		02/26/2014
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F 241	before placing the ck	othing protector.	F 24 ⁻ The Qu	ी ality Assurance Committee member	s include
F 279	CNA did not ask the clothing protectors or 483.20(d), 483.20(k)	1) DEVELOP		 	ee other
SS=D	COMPREHENSIVE	CARE PLANS results of the assessment	F 279 The urinar	y continence care plan for resident	
	The facility must deve plan for each resident objectives and timetal medical, nursing, and	lop a comprehensive care that includes measurable ples to meet a resident's mental and psychosocial and in the comprehensive	potential the MDS C	s reviewed, compared to the last and updated. All residents have the beaffected. The DON in-serviced cordinators on February twenty sixtenanges in a residents urinary	1
	o be furnished to attail alighest practicable phy asychosocial well-being 483,25; and any servi e required under §483 ue to the resident's ex	g as required under ces that would otherwise 1.25 but are not provided ercise of rights under ight to refuse treatment	change. An Coordinato all resident to the prevaccuracy ar Coordinato assessment	ce and care plan updating for that audit was completed by the MDS is on March fourteenth for review of continence status with compariso lous assessment and care plan for it dompleteness. The MDS is will compare the current of urinary continence to the	of n 4/11/14
i by j B th	r. lased on medical reco e facility falled to deve	s not met as evidenced rd review and interview, lop a comprehensive ontinence for one resident idents reviewed.	previous on accordingly, the care pla assessment Jpdated app completed v	e and update the care plan The Nurse Supervisor will audit all ns from previous week versus the	

FORM CMS-2567(02-99) Previous Vorpions Obsolete

Evant 10:95LB11 determined by the Quality Assurance Committee.

2014-03-04 15:18 Dept of Health-HCF DEPARTMENT OF HEALTH AND HUMAN SERVICES 8655945739 >> P 6/16 PRINTED: UZIZ/IZU14 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OMB NO. 0938-0391 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING COMPLETED 445422 9. WING NAME OF PROVIDER OR SUPPLIER 02/26/2014 STREET ADDRESS, CITY, STATE, ZIP CODE ETOWAH HEALTH CARE CENTER 409 GRADY ROAD, PO BOX 957 ETOWAH, TN 37331 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE ID PREFIX TAG (X5) COMPLETION TAG DAYE DEFICIENCY) F 279 i Continued From page 2 F 279 The finding included: Resident #128 was admitted on November 14. 2013, with diagnoses of Sepsis, Status Post Cerebrovascular Accident, Aphasia, Rehabilitation, Anemia, Muscle Weakness, and Right Side Hemiplegia. Medical record review of the Quarterly Minimum Data Set (MDS) dated February 8, 2014, revealed the resident had a change in urlnary confinence from totally continent on admission, to occasionally incontinent (seven or less episodes of incontinence) ninety days later. Further review revealed no comprehensive care plan for unnary incontinence was in the resident's chart. Interview with MDS Coordinator #1, on February 25, 2014, at 3:20 p.m., at the C/D hall nurse's station, confirmed the February 8, 2014 Quarterly MDS assessment for urinary incontinence was correct, as the resident had one episode of incontinence during the 7 day look-back, and confirmed a Care Plan had not been developed for urinary incontinence, F 319 483.25(f)(1) TX/SVC FOR MENTAL/PSYCHOSOCIAL DIFFICULTIES F 319 SS≈D Based on the comprehensive assessment of a resident, the facility must ensure that a resident who displays mental or psychosocial adjustment difficulty receives appropriate treatment and services to correct the assessed problem.

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by:

This REQUIREMENT is not met as evidenced

Based on medical record review, observation,

Event (D: 85LB11

Facility ID: TN5406

If continuation sheet Page 3 of 8

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SUMMARY STAT	EMENT OF DEFICIENCIES		···	···	
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and interview, the fact psychiatric drug reconstitute antidepressant for on twenty-two residents. The findings included Medical record review admitted to the facility diagnoses including S Depressive Disorder, Cerebrovascular Diserview Pata Set (MDS) dated evealed the resident state of the facility of	cilly failed to follow a mmendation to increase the mendation to increase the resident (#23) of reviewed. I revealed resident #23 was on August 29, 2011, with enlie Psychosis, Dementia, Esophageal Reflux, and ase (stroke). of the quarterly Minimum December 29, 2013, icored a six on the Brief atus (BIMS) indicating the cognitively impaired, stance with the activities no behavioral symptoms. of a nurse's note dated p.m., revealed, ther resident for sitting in esident on 15 min ort chartingresidents will everyone is calmed"	F 319	DEFICIENCY)		JAIC
P), dated January 31, resident is being seen vehoactive medication in agitationresident haviors in the past, usuer residentsbehavior i recentlyhas been vehavior and recently hit anotice.	for the management of sused to treat dementia as had adverse ually altercation with had been fairly stable personed.				
	RTMENT OF HEALTHERS FOR MEDICARE NT OF DEFICIENCIES FOR CORRECTION PROVIDER OR SUPPLIER SUMMARY STATE (EACH DEFICIENCY REGULATORY OR LS Continued From page and interview, the face psychiatric drug reconstituting included for twenty-two residents The findings including September of Medical record review admitted to the facility diagnoses including September of Medical record review of twenty-two for Mental States (MDS) dated evealed the resident september of Medical record review of the medical recor	RTMENT OF HEALTH AND HUMAN SERVICES ERS FOR MEDICARE & MEDICAID SERVICES NT OF DEFICIENCIES TOF CORRECTION (X1) PROVIDERSUPPLIER CLUA IDENTIFICATION NUMBER: 445422 PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	RTMENT OF HEALTH AND HUMAN SERVICES ERS FOR MEDICARE & MEDICAID SERVICES INTO FOR DEFICIENCIES TOF CORRECTION (X1) PROVIDER SERVICES (X2) MULTI A BUILDIN 445422 B. WING FREGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 and interview, the facility failed to follow a psychiatric drug recommendation to increase the antidepressant for one resident (#23) of twenty-two residents reviewed. The findings included: Medical record review revealed resident #23 was admitted to the facility on August 29, 2011, with diagnoses including Senile Psychosis, Dementia, Depressive Disorder, Esophageal Reflux, and Cerebrovascular Disease (stroke). Medical record review of the quarterly Minimum Data Set (MDS) dated December 29, 2013, evealed the resident scored a six on the Brief nerview for Mental Status (BIMS) indicating the esident was severely cognitively impaired, squired extensive assistance with the activities of daily living, and had no behavioral symptoms, resident slapped another resident for sitting in a place at the tableresident on 15 min minute) checks and alert chartingresidents will main separated until everyone is calmed" Adical record review of a Psychiatric Progress to written by the Psychiatric Nurse Practitioner Psy, dated January 31, 2014, revealed, resident is being seen for the management of richoactive medications used to treat dementia in agitationresident has had adverse aviors in the past, usually altercation with er residentsbehavior had been fairly stable in recentlyhas been verbally aggressive with	RI MENT OF HEALTH AND HUMAN SERVICES ERS FOR MEDICARE & MEDICARE SERVICES RY OF OFFICIENCIES NO FOR OFFICIENCY A BULDING A BULDING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 445422 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 4469 GRADY ROAD, PO BOX 967 FOWNING REGULATORY OR LSC IDENTIFYING INFORMATION) PREFUL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 3 and interview, the facility failed to follow a psychiatric drug recommendation to increase the antidepressant for one resident (#23) of twenty-two residents reviewed. The findings included: Medical record review revealed resident #23 was admitted to the facility on August 29, 2011, with diagnoses including Senial Psychosis, Dementia, Depressive Disorder, Esophageal Reflux, and Cerebrovascular Disease (stroke). Medical record review of the quarterly Minimum Data Set (MDS) dated December 29, 2013, evealed the resident scored a six on the Brief Interview for Mental Status (BIMS) indicating the seldent was severely cognitively impaired, equired extensive assistance with the activities of daily living, and had no behavioral symptoms, ledical record review of a nurse's note dated anuary 7, 2014, at 4:25 p.m., revealed, resident speed another resident for sitting in riplace at the table, resident on 15 min injurte) checks and elert charting, residents will main separated until everyone is calmed" Dedical record review of a Psychiatric Progress to written by the Psychiatric Nurse Practitioner P, dated January 31, 2014, revealed, resident is being seen for the management of choactive medications used to treat dementia nagitation, behavior had been fairly stable presently, has been verbally aggressive with the antiverse precisions.	RI MENT OF HEALTH AND HUMAN SERVICES ERS FOR MEDICARE 8. MEDICAD SERVICES RYO POPPICIENCIES NOT O DEFICIENCIES NOT PROVIDER ON SUPPLIER 445422 A SULDING A SULDING D. WING FROVIDER OR SUPPLIER HEALTH CARE CENTER SUMMARY STATEMENT OF DEPPICENCIES (EACH DEPICIENCY MUST BE PRICEDED BY FILL REQULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 3 and interview, the facility failed to follow a psychiatric drug recommendation to increase the artificepressant for one resident (#23) of twenty-two residents reviewed. The findings included: Medical record review revealed resident #23 was admitted to the facility on August 29, 2011, with diagnoses including Senile Psychosis, Dementia, Depressive Disorder, Esophageal Reflux, and Cerebrovascular Disease (stroke). Medical record review of the quartery Minimum Data Set (MDS) dated December 29, 2013, every many particular of the patient was severely cognitively impaired, aguired extensive assistance with the activities related the resident scored a six on the Brief interview for Mental Status (BIMS) indicating the seldent was severely cognitively impaired, aguired extensive assistance with the activities of daily living, and had no behavioral symptoms, dedical record review of a Psychiatric Progress to written by the Psychiat

2014-03-04 15:18 Dept of Health-HCF

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ND PLAN OF CORRECTION	(X1) PROVIDERSUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DA	0938-0: TE SURVEY
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the Depakote (medic dosage" Further re "recommendations Care Physician (PCP Zoloft dosage to 75m worsening anxietyc stabilization" Further residents PCP signed recommendation" on Medical record review dated February 21, 20 discontinue Zoloft 50m bedtlme(2) start Zoloft daily at bedtime (per precommendation)" Medical record review Administration Record 2014 through February resident was received Zonce daily February 1-2 medication was discont 2014. Further review of February 21, 2014, (10 signed the psychiatric re Zoloft was changed to 7 the resident. Observation on Februar revealed the resident site.	dosage of Zoloft I see if the worsening anxiety In this drug before adjusting ration for mood stabilization) view revealedPlease notify the Primary the followingincrease of (milligrams) daily for ontinue Depakote for mood ar review revealed the the "agreement with February 11, 2014. of a Physician's Order 14, revealed, "(1) ing by mouth once dally at oft 75mg by mouth once sychiatric of the Medication (MAR) dated February 1, 28, 2014, revealed the coloft 50mg one tablet inued on February 20, the MAR revealed on days after the physician ecommendations) the 5mg and administered to	F 319			
resident was cooperative	BEVOIDO revestad tha				
i coming farricht, left (UG) obs	and no behaviors were				

2014-03-04 15:18 Dept of Health-HCF 8655945739 >> DEPARTMENT OF HEALTH AND HUMAN SERVICES P 9/16 PRINTED: 02/27/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING 445422 B. WING NAME OF PROVIDER OR SUPPLIER 02/26/2014 STREET ADDRESS, CITY, STATE, ZIP CODE **ETOWAH HEALTH CARE CENTER** 409 GRADY ROAD, PO BOX 957 ETOWAH, TN 37331 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE ID PREFIX (X5) COMPLETION TAG TAG DATE DEFICIENCY) F319 The physicians order was received which F 319 Continued From page 5 revealed the resident in the hallway in the addressed the psychiatric drug wheelchair and no behaviors were observed. recommendation for resident (#23). A chart audit to review current residents psychiatric Interview with the Social Service Director on February 25, 2014, at 3:05 p.m., in the dining consultation recommendations for the past room, confirmed the resident was involved in a three months was completed March twelfth. No resident to resident altercation and a psychiatric evaluation was obtained for the resident.

Interview with the A and B Hallway Charge Nurse on February 26, 2014, at 8:40 a.m., in the nurse's station, revealed, "...the Psychiatric (NP) seen the resident on January 31, 2014, and made a recommendation to increase the Zoloft to 75mg...the resident's PCP signed the recommendation on February 11, 2014, and the order was not written until February 21, 2014..."

Interview with the DON on February 26, 2014, at 9:00 a.m., in the nurse's station, revealed, "...the SSD prints the consults and recommendations and gives them to me for review... I send them to Medical Records and she takes the physician's order to the office for the physician to sign and they bring them back to the facility..." Further Interview confirmed the PCP signed the recommendations on February 11, 2014, and the order was not written until February 21, 2014, which was a ten day delay in the resident receiving the increased dosage of the Zoloft..." 483.35(I) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY

The facility must -

F 371

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Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and

(2) Store, prepare, distribute and serve food

other residents were found to have been affected. New guidelines for psychiatric consultation follow up will be provided to each primary care physician by mail by April eleventh for reference. Medical records will log 4/11/14 psychiatric recommendations as they are sent to and returned from the physicians. They will report to the DON and Clinical Nurse Supervisor any recommendations that require follow up with the primary care physician and the Medical Director. The Medical Director will then be notified in the event that recommendations are not returned, for his follow up. The log will be audited weekly by the DON for four weeks or until substantial compliance is achieved as determined by the Quality Assurance Committee. F 371!

2014-03-04 15:19 Dept of Health-HCF DEPARTMENT OF HEALTH AND HUMAN SERVICES

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F 371	Continued From pag under sanltary condit	e 6 Ions	F 37			
fa fa ol ac ar Th OL Fe pla syr res	Sased on observation alled to ensure appropriate to ensure appropriate to ensure appropriate to end one of four medicate findings included: asservation of the A/B abruary 25, 2014, at 1 pastic container containinge, with the plunge of the serrated cake all the particles of the serrated cake all the entering on a paper towe of the serrated cake all the serrated cake all the serrated cake all the container to the of the serrated cake all the serrated cake all the container to the cake all the container to the cake all the container to the cake all	hall medication rooms o:30 a.m., revealed a ning a sixly milliliter or and barrel separated, l, which was on top of a				
Inte 10:5 syrin bottli appli appli	rview with LPN #3 or 50 a.m., in the medicange was used for refiles with applesauce flesauce. The squeez escuce were placed	n February 26, 2014, at ation room, revealed the illing plastic, squeezable rom a bulk container of table containers of				
adm inten apple third the "e disca wash	inister medications to view revealed the squesauce containers we shift and if the apple and of the day", the a prided. The squeezab ed by the nurses.	o residents. Continued presidents. Continued presidents. Continued presidents presidents and dated on sauce was not used by applesauce was pile bottles were hand	-			
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2014-03-04 15:19 Dept of Health-HCF 8655945739 >> DEPARTMENT OF HEALTH AND HUMAN SERVICES P 11/16 PRINTED: 02/27/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING 445422 B. WING NAME OF PROVIDER OR SUPPLIER 02/26/2014 STREET ADDRESS, CITY, STATE, ZIP CODE **ETOWAH HEALTH CARE CENTER** 409 GRADY ROAD, PO BOX 967 ETOWAH, TN 37331 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (XG) COMPLETION TAG TAG DATE DEFICIENCY) F 371 Continued From page 7 F 371 Observation of the medication carts on the A/B and C/D halls revealed one of four medication carts had a bottle of applesauce on top of the cart, dated and labeled. Interview with the Director of Nurses (DON) on February 26, 2014, at 1:00 p.m., revealed there was no policy to inform staff on the cleaning of the squeezable paistic applesance containers. F 371 Further Interview confirmed the plastic container containing the syringe and cake slicer was not F 371 approved for use on the medication carts or medication room. No residents were identified to be affected. The refillable plastic squeezable bottles were discarded 2/26/14. All residents have the potential to be affected. The DON or designee will in-serviced the licensed nursing staff on March fourteenth for proper food storage and sanitation as related to medication administration. Pre-packaged/disposable 4/11/14 serving containers will be utilized during med pass. Nurse Supervisor will perform audits daily to assure pre-packaged/ disposable serving containers are being used. Audits will be completed weekly for four weeks or until substantial compliance is achieved as determined by the Quality Assurance

FORM CMS-2587(02-99) Provious Versions Obsolete

Event ID: 95LB11

Facility ID; TN5405

Committee.

If continuation sheet Page 8 of 8